

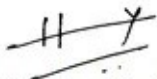
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Age/Gender : 57 Y 10 M 6 D/M	Received : 03/Aug/2024 12:31PM
UHID/MR No : CBAS.0000043640	Reported : 03/Aug/2024 02:37PM
Visit ID : CBASOPV105151	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559,	

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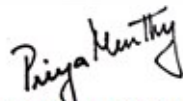
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13	g/dL	13-17	Spectrophotometer
PCV	38.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.6	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	83.1	fL	83-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	34.1	g/dL	31.5-34.5	Calculated
R.D.W	14.1	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,290	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	53.9	%	40-80	Electrical Impedence
LYMPHOCYTES	37.4	%	20-40	Electrical Impedence
EOSINOPHILS	1.9	%	1-6	Electrical Impedence
MONOCYTES	6.3	%	2-10	Electrical Impedence
BASOPHILS	0.5	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3929.31	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2726.46	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	138.51	Cells/cu.mm	20-500	Calculated
MONOCYTES	459.27	Cells/cu.mm	200-1000	Calculated
BASOPHILS	36.45	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.44		0.78- 3.53	Calculated
PLATELET COUNT	346000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	14	mm/hour	0-15	Capillary photometry
PERIPHERAL SMEAR				

Page 1 of 21



Dr. Harshitha Y
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No: BED240203013

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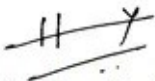
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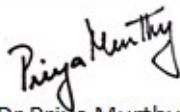
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

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Consultant Pathologist



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Consultant Pathologist



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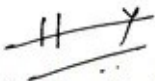
RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

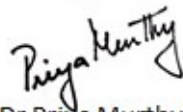
PLATELETS: appear adequate in number.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE



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M.B.B.S., M.D (Pathology)
Consultant Pathologist



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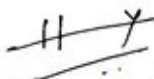
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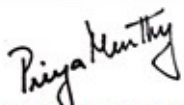
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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M.B.B.S., M.D (Pathology)
Consultant Pathologist



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M.B.B.S., M.D (Pathology)
Consultant Pathologist



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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	160	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia


Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

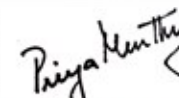
Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	238	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.
Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
Consultant Pathologist



SIN No:EDT240083486

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	8.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	209	mg/dL		Calculated


Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

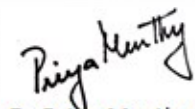
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	124	mg/dL	<200	CHO-POD
TRIGLYCERIDES	133	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	92	mg/dL	<130	Calculated
LDL CHOLESTEROL	65.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	26.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.87		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.26		<0.11	Calculated


Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

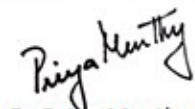
	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S., M.D (Pathology)
Consultant Pathologist



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Age/Gender : 57 Y 10 M 6 D/M	Received : 03/Aug/2024 05:33PM
UHID/MR No : CBAS.0000043640	Reported : 03/Aug/2024 06:34PM
Visit ID : CBASOPV105151	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9920144559,	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.85	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.16	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.69	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	17	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	0.8		<1.15	Calculated
ALKALINE PHOSPHATASE	63.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated

Comment:


LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

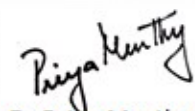
1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
 *ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age


 Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SE04799615

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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Telangana: Hyderabad (AS Rao Nagar | Chanda Nagar | Kondapur | Nallakunta | Nizampet | Manikonda | Uppal) | Andhra Pradesh: Vizag (Seethamma Peta) | Karnataka: Bangalore (Basavanagudi | Bellandur | Electronics City | Fraser Town | HSR Layout | Indira Nagar | JP Nagar | Kundalahalli | Koramangala | Sarjapur Road) | Mysore (VV Mohalla) | Tamilnadu: Chennai (Annanagar | Kotturpuram | Mogappair | T Nagar | Valasaravakkam | Velachery) | Maharashtra: Pune (Aundh | Nigdi Pradhikaran | Viman Nagar | Wanowrie) | Uttar Pradesh: Ghaziabad (Indrapuram) | Gujarat: Ahmedabad (Satellite) | Punjab: Amritsar (Court Road) | Haryana: Faridabad (Railway Station Road)

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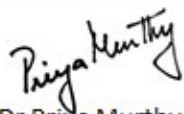
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.
3. Synthetic function impairment:
*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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MSc,PhD(Biochemistry)
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GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
A/G RATIO	1.47		0.9-2.0	Calculated
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT)	24.00	U/L	<55	IFCC

Comment:

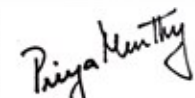
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MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
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2. Cholestatic Pattern:

*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. *Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

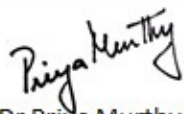
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*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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MSc,PhD(Biochemistry)
Consultant Biochemistry



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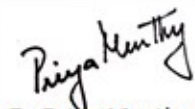
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Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.90	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	13.30	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	6.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.13	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.40	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.61	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.21	g/dL	6.6-8.3	Biuret
ALBUMIN	4.29	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.92	g/dL	2.0-3.5	Calculated
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Test Name	Result	Unit	Bio. Ref. Range	Method
ALKALINE PHOSPHATASE , SERUM	63.00	U/L	30-120	IFCC

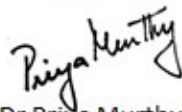
Test Name	Result	Unit	Bio. Ref. Range	Method
CALCIUM , SERUM	9.40	mg/dL	8.8-10.6	Arsenazo III

Comments:-

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.



Dr.Govinda Raju N L
MSc,PhD(Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S.,M.D(Pathology)
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	10.4	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.153	µIU/mL	0.34-5.60	CLIA

Comment:

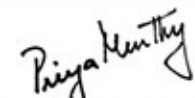
For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy



Dr. Govinda Raju N L
MSc, PhD (Biochemistry)
Consultant Biochemistry



Dr Priya Murthy
M.B.B.S., M.D (Pathology)
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SIN No: SPL24127477

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Karnataka - 560034

 1860 500 7788
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Patient Name : Mr.ARAVINDA N V
 Age/Gender : 57 Y 10 M 6 D/M
 UHID/MR No : CBAS.0000043640
 Visit ID : CBASOPV105151
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : 9920144559,

Collected : 03/Aug/2024 08:49AM
 Received : 03/Aug/2024 05:32PM
 Reported : 03/Aug/2024 06:33PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

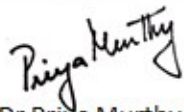
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Dr.Govinda Raju N L
 MSc,PhD(Biochemistry)
 Consultant Biochemistry



Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SPL24127477

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	13.7	ng/mL		CLIA

Comment:

BIOLOGICAL REFERENCE RANGES


VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

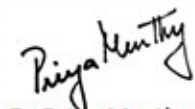
Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements. Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.



Dr. Govinda Raju N L
MSc,PhD(Biochemistry)
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M.B.B.S.,M.D(Pathology)
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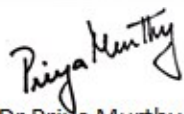
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.



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ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	86.2	pg/mL	190-900	CLIA

Comment:

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

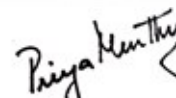
Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.640	ng/mL	0-4	CLIA

Comment:

Disclaimer: *The results determined by assays using different manufacturers or methods may not be comparable.

Manufacturer: BECKMAN COULTER


 Dr Priya Murthy
 M.B.B.S.,M.D(Pathology)
 Consultant Pathologist



SIN No:SPL24127477

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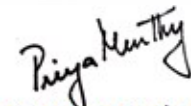
ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Physical measurement
TRANSPARENCY	Clear		CLEAR	Physical measurement
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.013		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Griess reaction
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	0	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1	/hpf	< 10	Automated Image Based Microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Page 19 of 21



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UR2398617

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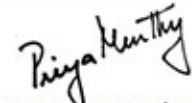
Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

Microscopy findings are reported as an average of 10 high power fields.



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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE ++		NEGATIVE	Dipstick

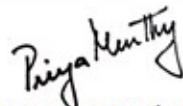
Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR



Dr. Vidya Aniket Gore
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:UF011998


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Name : Mr. ARAVINDA N V Address : BANGALORE Plan : ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT	Age : 57 Y Sex : M	UHID :CBAS.0000043640  <small>*CBAS.0000043640*</small> OP Number :CBASOPV105151 Bill No :CBAS-OCR-63551 Date : 03.08.2024 08:39
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Sno	Service Type/ServiceName	Department
1	ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324	
1	PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)	
2	LIVER FUNCTION TEST (LFT) WITH GGT	
3	2D ECHO	
4	CALCIUM, SERUM	
5	LIVER FUNCTION TEST (LFT)	
6	GLUCOSE, FASTING	
7	HEMOGRAM + PERIPHERAL SMEAR	
8	PULMONARY FUNCTION TEST R3.	
9	DIET CONSULTATION	
10	COMPLETE URINE EXAMINATION	
11	URINE GLUCOSE(POST PRANDIAL)	
12	BP MEASUREMENT	
13	PERIPHERAL SMEAR	
14	ECG	
15	RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)	
16	DENTAL CONSULTATION - (10)	
17	GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)	
18	VITAMIN D - 25 HYDROXY (D2+D3)	
19	URINE GLUCOSE(FASTING)	
20	HbA1c, GLYCATED HEMOGLOBIN	
21	ALKALINE PHOSPHATASE - SERUM/PLASMA	
22	X-RAY CHEST PA -> 4	
23	HEIGHT	
24	ENT CONSULTATION	
25	FITNESS BY GENERAL PHYSICIAN	
26	BLOOD GROUP ABO AND RH FACTOR	
27	VITAMIN B12	
28	LIPID PROFILE	
29	BODY MASS INDEX (BMI)	
30	WEIGHT	
31	OPHTHAL BY GENERAL PHYSICIAN	
32	ULTRASOUND - WHOLE ABDOMEN	
33	THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)	

~~XXXXXXXX~~

Ht - 166
 Wt - 82.1
 BP - 127/74
 RR - 81



भारत सरकार
Government of India

Aadhaar No. Issued: 08/06/2016



ಎನ್ ವಿ ಅರವಿಂದ
N V Aravinda
ಜನ್ಮ ದಿನಾಂಕ / DOB : 27/09/1966
ಪುರುಷ / Male



4592 2312 2842

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ
ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ /
ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

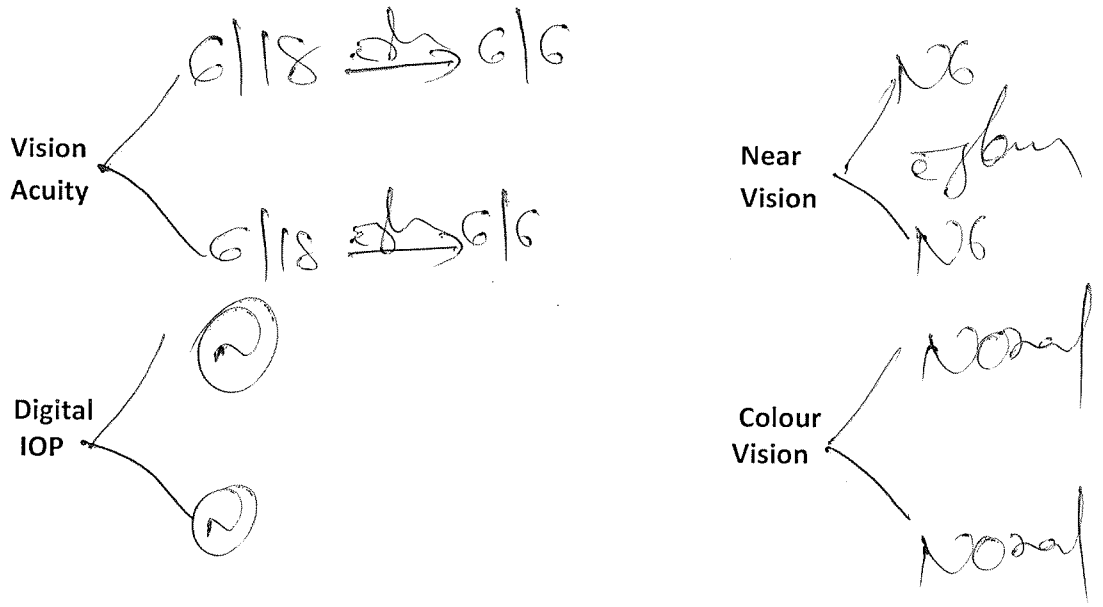
Aadhaar is proof of identity, not of citizenship or date
of birth. It should be used only with verification (online
authentication or scanning of QR code / offline XML.)

4592 2312 2842

मेरा आधार, मेरी पहचान

Mr. Aravinda N-V- (M) 43640 2/8/24

EYE CHECK UP REPORT



• Fundus: normal @ steady

• Ant. Segment :- WNL

• Media: normal

• Pupil: normal

Be Myopic Presbyopia, fully

Corrected by glass.

Dr. A/S

Apollo Clinic

CONSENT FORM

Patient Name: Azawind Age: 58

UHID Number: Company Name:

I Mr/Mrs/Ms Employee of

~~(Company) Want to inform you that I am not interested in getting~~

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

*Diet, Dental,
ENT, Fitness by eip
Pendi
Ros consultation he
will come by monday
@ 5:30 to 7:00*

Patient Signature: NVA Date: 3/8/2024

Date: IST: 2024-08-03 10:05:11

Personal Details
UHID: 01P3FGAT6X10RZQ
PatientID: 43640
Name: ARAINDA NV
Age: 57
Gender: Male
Mobile: 65666659595

**Pre-Existing Medical-
Conditions**

Vitals

Measurements
HR: 76 BPM
PR: 156 ms
PD: 115 ms
QRSD: 82 ms
QRS Axis: 1 deg
QT/QTc: 373/373 ms

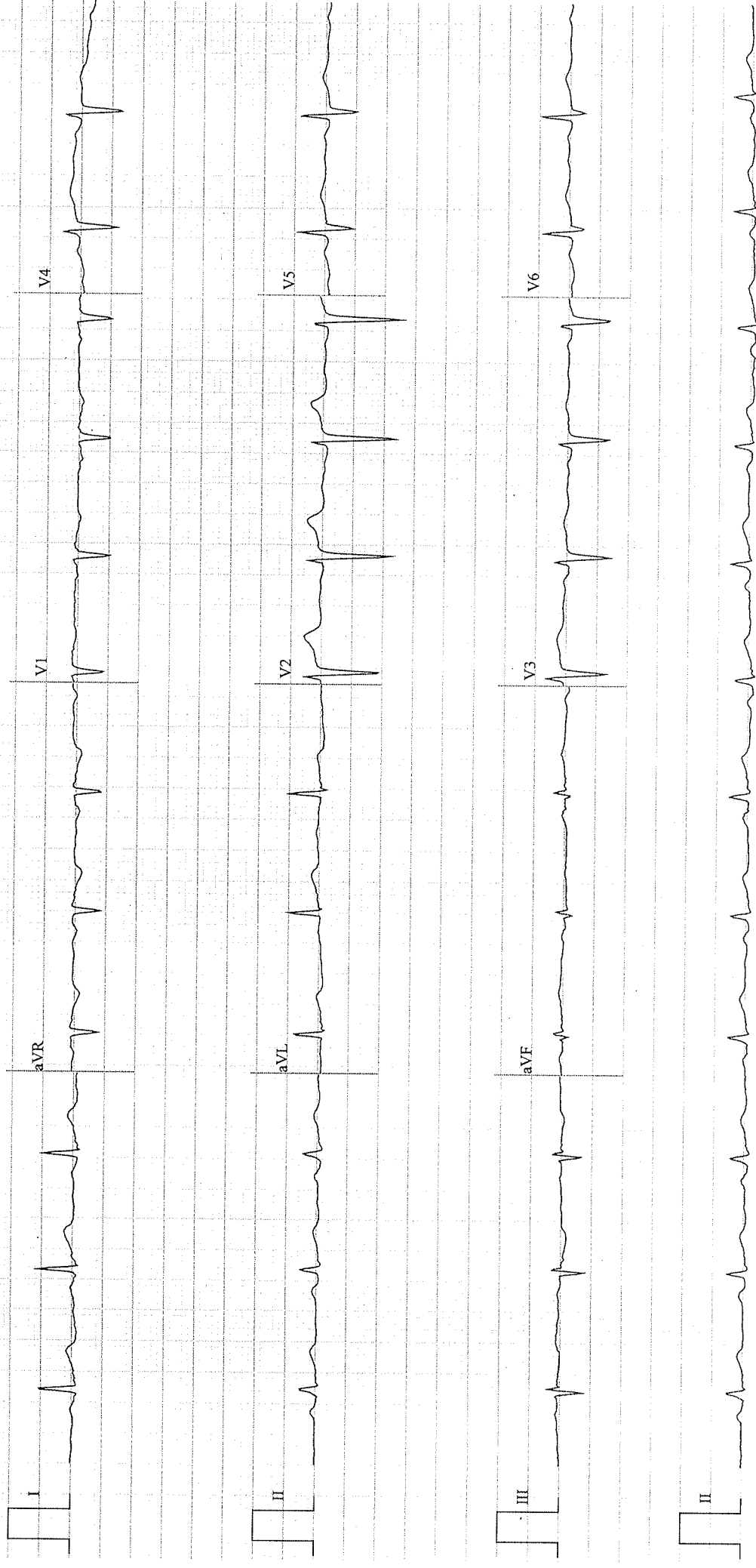
Interpretation

Normal sinus rhythm
Normal axis

Author:
Yes

Dr. Yogesh
MD, DNB, J
Reg No- K

This trace is generated by *KardiaScreen*; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from *IMEDRIX*



Disclaimer: This report is based on ECG alone and should be used as an adjunct to clinical history. Symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data. Clinical correlation is important.
Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV
Version: 1.8.1.1 Copyright Medix. All

ECHOCARDIOGRAPHY REPORT

Name: MR ARAVIND

Age: 58 YEARS

GENDER: MALE

Consultant: Dr. VISHAL KUMAR H.

Date : 03/08/2024

Findings

2D Echo cardiography

Chambers

- Left Ventricle: Normal, No RWMA'S, Concentric LVH
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

Septa

- IVS: Intact
- IAS: Intact

Valves

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility, SCLEROTIC
- Pulmonary Valve: Normal

Great Vessels

- Aorta: Normal
- Pulmonary Artery: Normal

Pericardium: Normal

Doppler echocardiography

Mitral Valve	E	1.11	m/sec	A	1.02	m/sec	TRIVIAL MR
Tricuspid Valve	E	0.93	m/sec	A	0.50	m/sec	TRIVIAL TR
Aortic Valve	Vmax	1.48	m/sec				No AR
Pulmonary Valve	Vmax	0.81	m/sec				No PR
Diastolic Dysfunction	GRADE I LVDD						

M-Mode Measurements

Parameter	Observed Value	Normal Range	
Aorta	29	2.6-3.6	cm
left Atrium	3.1	2.7-3.8	cm
Aortic Cusp Separation	1.5	1.4-1.7	cm
IVS - Diastole	0.7	0.9-1.1	cm
left Ventricle-Diastole	4.4	4.2-5.9	cm
Posterior wall-Diastole	1.0	0.9-1.1	cm
IVS-Systole	1.3	1.3-1.5	cm
left Ventricle-Systole	29	2.1-4.0	cm
Posterior wall-Systole	1.4	1.3-1.5	cm
Ejection Fraction	60	≥ 50	%
Fractional shortening	31	≥ 20	%
Right Ventricle	3.0	2.0-3.3	cm

Impression -

- Normal Sized Cardiac Chambers
- No RWMA,S
- Normal LV and RV Systolic Function, LVEF 60%
- No Pericardial Effusion/Vegetation/Clot
- **mild Concentric LVH**
- **GRADE I LVDD**
- SCLEROTIC AOV

DR. VISHAL KUMAR H.

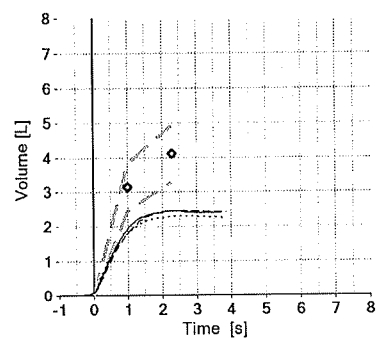
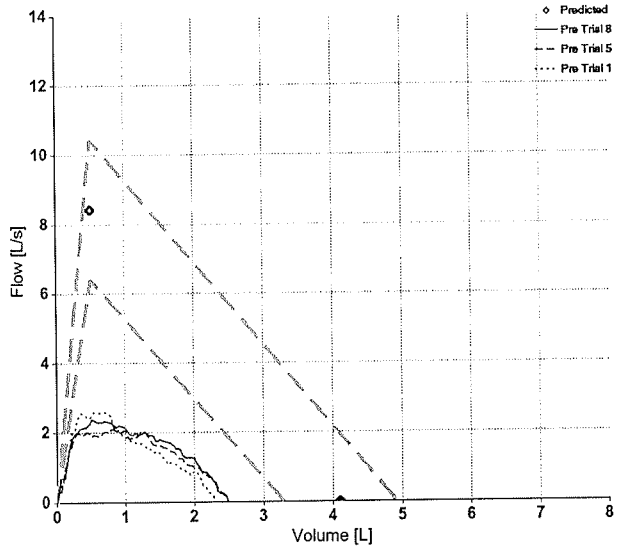
CLINICAL CARDIOLOGIST

ARAVIND		ID: 6677#0005		Age: 57 (02-08-1967)	
Gender	Male	Height	166 cm	Asthma	No
Ethnicity	Asian	Weight	82 kg	BMI	29.8
Smoker	No			COPD	--

FVC (ex only)		Your FEV1 / Predicted: 62%			
Test Date	03-08-2024 11:56:28	Interpretation	GOLD(2003)/Hardie	Value Selection	Best Value
Post Time		Predicted	NHANES III * 1.00	BTPS (IN/EX)	1.00/1.02

Parameter	Pred	LLN	Pre				%Pred
			Best	Trial 8	Trial 5	Trial 1	
FVC [L]	4.11	3.29	2.47*	2.46*	2.47*	2.31*	60
FEV1 [L]	3.14	2.45	1.94*	1.94*	1.83*	1.80*	62
FEV1/FVC	0.762	0.666	0.784	0.788	0.738	0.779	103
FEF25-75% [L/s]	2.70	1.31	1.87	1.87	1.69	1.62	69
PEF [L/s]	8.42	6.40	2.61*	2.37*	2.10*	2.61*	31
FET [s]	-	-	2.3	2.3	2.5	2.5	-

Session Quality: Pre F
 System Interpretation: Pre No interpretation, not enough acceptable maneuvers
 Caution: Poor session quality. Interpret with care
 * Indicates value outside normal range or significant post change.



attachments permanently from all your systems wherein this email may be received or stored intentionally and/or inadvertently.

From: noreply@apolloclinics.info <noreply@apolloclinics.info>

Sent: 02 August 2024 15:21

To: NV Aravinda <nv.aravinda@jmfl.com>

Cc: basavanagudi@apolloclinic.com; Irfanali.s@apolloclinic.com; syamsunder.m@apollohl.com

Subject: Your appointment is confirmed

Dear N v Aravinda Aravinda,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI clinic** on **2024-08-03** at **08:00-08:15**.

Payment Mode	
Corporate Name	ARCOFEMI HEALTHCARE LIMITED
Agreement Name	[ARCOFEMI MEDIWHEEL AHC CREDIT PAN INDIA OP AGREEMENT]
Package Name	[ARCOFEMI - MEDIWHEEL FULL BODY COMPREHENSIVE HC AND VITAMIN MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or

Patient Name : Mr. ARAVINDA N V

Age/Gender : 57 Y/M

UHID/MR No. : CBAS.0000043640

OP Visit No : CBASOPV105151

Sample Collected on :

Reported on : 03-08-2024 14:57

LRN# : RAD2395094

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9920144559,

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

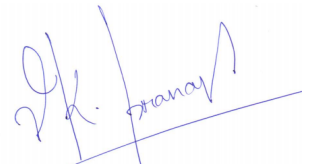
Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

IMPRESSION:

No obvious abnormality seen in the present study.



Dr. V K PRNAV VENKATESH
MBBS,MD
Radiology

Patient Name : Mr. ARAVINDA N V

Age/Gender : 57 Y/M

UHID/MR No. : CBAS.0000043640

OP Visit No : CBASOPV105151

Sample Collected on :

Reported on : 03-08-2024 14:09

LRN# : RAD2395094

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9920144559,

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver:appears enlarged in size (15.6 cm)and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal.No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal. No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Right kidney appear normal in size 9.6x1.3 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Left kidney appear normal in size 10.3x1.5 cm,shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Prostate is normal in size measuring 3.7x3.5x3.2 cm(volume 23 cc)and echo texture.

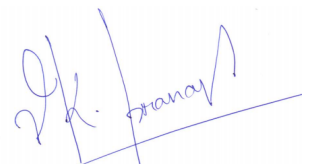
- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

IMPRESSION:-

FATTY HEPATOMEGALY.

Suggested clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.



Dr. V K PRANAV VENKATESH
MBBS,MD
Radiology



Patient Name : Mr. ARAVINDA N V

Age/Gender : 57 Y/M
